

# EXHIBIT C

FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY		Case Number BK-S 06-10725-LBR	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): CARDWELL CHARITABLE TRUST c/o James B. Cardwell, Trustee		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent:  c/o Michael J. Dawson, Esq. 515 South Third Street Las Vegas, NV 89101  Telephone number: (702) 384-1777		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This space is for court use only
Account or other number by which creditor identifies debtor: 4016		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2. Date debt was incurred:</b> Various		<b>3. If court judgement, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>10.00</u> (unsecured) <u>\$1,549,483.61</u> (secured) _____ (priority) <u>1,549,493.61</u> (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ Unknown Amount of arrearage and other charges at time case filed included in secured claim, if any: \$		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>6. Unsecured Nonpriority Claim \$ \$10.00</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.			
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>10. Date-Stamped Copy:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			This space is for court use only
Date 11-13-06  Sign and print the name and title, if any, of the creditor or other person authorized to this claim (attach copy of power of attorney, if any):  Michael J. Dawson, Attorney for Claimant			


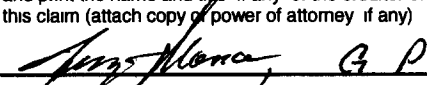


Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Nevada</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>USA Commercial Mortgage Company</u> Case Number <u>06-10725-LBR</u>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Elmer Eugene Gilbert Jr., a married man dealing with his sole &amp; separate property</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <u>E. Eugene Gilbert</u> <u>81590 Chenel Road</u> <u>Folsom, Louisiana 70437</u>		THIS SPACE IS FOR COURT USE ONLY
Telephone number <u>504-388-4783</u>		
Last four digits of account or other number by which creditor identifies debtor <u>3749</u>		Check here <input type="checkbox"/> if this claim replaces <input type="checkbox"/> amends a previously filed claim dated _____
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>See Exhibit A</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date) (date)</div>		
<b>2 Date debt was incurred</b> <u>11/30/2004</u>		<b>3 If court judgment, date obtained</b>
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <u>Unsecured Nonpriority Claim \$ 227,620.28</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<b>Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>2839.72</u>
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>5 Total Amount of Claim at Time Case Filed</b> <div style="display: flex; justify-content: space-between;"> <span>\$ <u>227,620.28</u> (unsecured)</span> <span>\$ <u>227,620.28</u> (secured)</span> <span>_____ (priority)</span> <span>\$ <u>227,620.28</u> (Total)</span> </div> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 Date Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>01/08/07</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Elmer Eugene Gilbert, Jr.</u>	



PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS
<b>Name of Debtor</b> <b>USA Commercial Mortgage Company</b>		<b>Schedule/Claim ID</b> s31742 <b>Amount/Classification</b> \$300.50 Unsecured <b>\$265,865</b>
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>
<b>Name of Creditor and Address</b>  11321240002771 JAYEM FAMILY LP 7 PARADISE VALLEY CT HENDERSON, NV 89052-6706		
<b>Creditor Telephone Number ( )</b> 702-385-5578 <b>Last four digits of account or other number by which creditor identifies debtor</b> 3738		
<input checked="" type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.		
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>NEGLIGENCE &amp; FRAUD</b> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 DATE DEBT WAS INCURRED</b> 11/04 - 4/12/06 <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>		
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>UNSECURED NONPRIORITY CLAIM</b> \$265,865 <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority. <b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____  <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (____) Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$265,865 (unsecured)    \$ (secured)    \$ (priority)    \$265,865 (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).</b> <b>BY MAIL TO</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911  <b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245		<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED JAN 12 2007</b>
<b>DATE</b> 1-11-06	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) 	

FORM B10 (Official Form 10) (10/05)

<b>UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>06-10725</b>	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>ROBERT J. AND RUTH ANN KEHL</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name & address where notices should be sent <b>JANET L. CHUBB, ESQ JONES VARGAS P.O. BOX 281 RENC, NV 89504-0281 Telephone number 775-786-5000</b>		THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: <b>500953 5</b>		
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: <b>DEBTOR'S BREACHES (see adversary complaint)</b>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2 Date debt was incurred</b> <b>2003-2005</b>		<b>3 If court judgment, date obtained</b>
<b>4 Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
<b>Unsecured Nonpriority Claim</b> \$ <u>12,841,580.13</u> + accrued interest less any postpetition payments received <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if d) none or only part of your claim is entitled to priority.		
<b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: _____		
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)		
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)		
*Amounts are subject to adjustment on 4/1/98 and every 1 year thereafter with respect to cases commenced on or after the date of adjustment.		
<b>5 Total Amount of Claim at Time Case Filed</b> \$ <u>12,841,680.13</u> +/- \$ _____ (unsecured) \$ _____ (secured) \$ _____ (priority) \$ _____ (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SEE ABOVE.		
<b>7 Supporting documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 Date-Stamped copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.		
Date <b>12/9/06</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>JANET L. CHUBB, ESQ. ATTORNEY FOR CLAIMANT</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**FILED DEC 09 2006**

USA CMC  
1072501660

REC'D DEC 07 2006

<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA</b>		<b>PROOF OF CLAIM</b>	
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>		Case Number <b>06-10725(LBR)</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <b>OVCA ASSOCIATES, INC. REFORMED PENSION PLAN</b> <b>410 WILLIAM J. OVCA, JR., TRUSTEE</b> <b>16872 BARUNA LANE</b> <b>HUNTINGTON BEACH CA 92649</b>		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number <b>(714) 940-6607</b> Last four digits of account or other number by which creditor identifies debtor <b>CLIENT ID 3918</b>			
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>SEE ATTACHED</b>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> Unremitted principal <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)	
<b>2 DATE DEBT WAS INCURRED</b> <b>SEE ATTACHED</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$ SEE ATTACHED</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)	
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <b>SEE ATTACHED</b> \$ _____ (unsecured) (secured) (priority) (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245 0911		<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED DEC 07 2006</b>  <b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245	
<b>DATE</b> <b>12/2/06</b>	<b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <b>W. J. Ovca, Trustee William J. Ovca, Jr., Trustee</b>		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571





## PROOF OF CLAIM

Name of Debtor

Case Number

USA Commercial Mortgage Company BKS-06-10725  
LOR

NOTE See Reverse for List of Debtors and Case Numbers  
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

Name of Creditor and Address

11321241003402  
RICHARD R TRACY & URSULA W TRACY \*  
PO BOX 1404  
CARSON CITY NV 89702-1404

\*Husband and wife as joint tenants with right of survivorship

Creditor Telephone Number (775) 883-8410

Last four digits of account or other number by which creditor identifies debtor:

Client ID# 6179

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Check here ☐ replaces a previously filed claim dated \_\_\_\_\_  
if this claim ☐ or amends

## 1 BASIS FOR CLAIM

- ☐ Goods sold ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Unremitted principal
- ☐ Services performed ☐ Taxes ☐ Wages, salaries and compensation (fill out below) ☒ Other claims against servicer (not for loan balances)
- ☒ Money loaned ☐ Other (describe briefly) Last four digits of your SS # \_\_\_\_\_ Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2 DATE DEBT WAS INCURRED January 19, 2005

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$152,200.00

☒ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
- ☐ Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)
- ☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

## SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☒ Other Guarantees

Value of Collateral \$ unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$ 2,200.00 Interest

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$152,200.00 (unsecured) \$152,200.00 (secured) \$ (priority) \$152,200.00 (Total)

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P O Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED JAN 12 2007

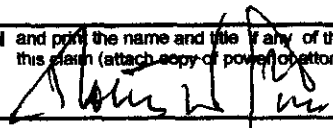
DATE January 11, 2007

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Richard R Tracy  
URSULA N TRACY






UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor <b>USA Commercial Mortgage Company and affiliated debtors</b>		Case Number <b>06-10725-LBR and related cases</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <b>Pensco Trust Co., Inc., 130 ROBERT W. KLM IRA #12006 414 Morning Glory Rd. St Marys, GA 31558</b>		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number <b>914 673-6020</b> Last four digits of account or other number by which creditor identifies debtor <b>3748</b>			
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>False Representation Negligence Breach of Fiduciary duty / SEE ATTACHED</b>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input checked="" type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS #: _____ Unpaid compensation for services performed from <b>06/01/2003</b> to <b>ONGOING</b> (date) (date)	
<b>2 DATE DEBT WAS INCURRED</b> <b>OCTOBER 2003 - CONTINUING</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
<b>UNSECURED NONPRIORITY CLAIM \$ 48,000</b> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <b>715,000</b> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <b>Contingent</b>	
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim: all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)	
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)		* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>5. TOTAL AMOUNT OF CLAIM</b> \$ <b>Contingent</b> \$ <b>unliquidated</b> \$ <b>Claim</b> AT TIME CASE FILED (unsecured) (secured) (priority) (Total)			
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units). <b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 411 El Segundo, CA 90245-0911		<b>THIS SPACE FOR COURT USE ONLY</b>  <b>FILED NOV 06 2006</b>  USA CMC 1072501043	
<b>DATE</b> <b>11/01/2006</b>		<b>SIGN</b> and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). 	

~~Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. § 1592~~  
~~William E. Winfield Attorney for Creditor/Investor~~



UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		Schedule/Claim ID <b>s32786</b> Amount/Classification <b>\$57 609 45 Unsecured</b>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address:  11321240003582 <b>ZAWACKI A CALIFORNIA LLC</b> <b>PO BOX 5156</b> <b>BEAR VALLEY, CA 95223-5156</b>				The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number ( ) _____ Last four digits of account or other number by which creditor identifies debtor <b>5643 5402</b>					
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (describe briefly) <b>ATTACHED</b> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>2 DATE DEBT WAS INCURRED</b> <u>10-1-04</u> <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____					
<b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>UNSECURED NONPRIORITY CLAIM</b> \$ <u>1,500,000.00</u> <input checked="" type="checkbox"/> Check this box if (a) there is no collateral or lien securing your claim, or (b) your claim exceeds the value of the property securing it, or (c) none or only part of your claim is entitled to priority. <b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>1,500,000.00</u> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>1,500,000.00</u> (unsecured)      \$ <u>1,500,000.00</u> (secured)      \$ _____ (priority)      \$ <u>1,500,000.00</u> (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911				THIS SPACE FOR COURT USE ONLY  <b>FILED JAN 18 2007</b>	
DATE <u>1-12-07</u>		SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Erven T. Nelson</u> <b>ERVEN T. NELSON</b>			

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571